FEC

Only

STATEMENT OF ORGANIZATION

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FORM 1		ONGANIZ	AHON						
						Office Use Only			
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If type over the lines.	ing, type	12FE4M5				
Avery Denn	nison Co	poration Emp	loyee Politi	cal Action	on Comm	nittee (ADePA()	
ADDRESS (number a		55 Capitol Mall, Suite 600							
(Check if a is changed									
J	•	Sacramento CITY			CA 9 STATE ▲	5814 			
COMMITTEE'S E-MA	AIL ADDRESS								
(Check if a is changed	444.000	eccomm@bmhlaw.co	om 						
	0	ptional Second E-Mail A	ddress						
	L								
COMMITTEE'S WEB (Check if a is changed	address	SS (URL)						<u></u>	
2. DATE 1	2 20	2013							
3. FEC IDENTIFIC	CATION NUME	BER ▶ C	C00467340						
4. IS THIS STATEM	MENT	NEW (N) OR	× AMEN	NDED (A)					
certify that I have e	examined this S	Statement and to the bes	at of my knowledge	and belief it is	s true, correct a	nd complete	э.		
Type or Print Name	of Treasurer	Ashlee N. Titus							
Signature of Treasure	er <i>Ashlee N</i> .	Titus	[Electronica	ully Filed] [Date 12	20	2013	Y	
NOTE: Submission of		, or incomplete information				ne penalties	of 2 U.S.C. §43	37g.	
Office Use			I	information con ction Commission 0-424-9530			FORM 1 d 06/2012)	_ ,	

Local 202-694-1100